STATE OF CALIFORNIA

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

DOCUMENTATION FOR

HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION DATA

ON OSHPD WEB-SITE

For Calendar Quarters Ending In

1996

May 1997

GENERAL INFORMATION

The Office of Statewide Health Planning and Development has produced personal computer (PC) diskettes containing Hospital Quarterly Financial and Utilization Data since the first quarter of 1980. To make these data more available, we have now placed some of these data files on the OSHPD web-site.

Currently available on the OSHPD web-site are data files for the four calendar quarters ending in 1996; a four quarter aggregation ending December 31, 1996; and a four quarter aggregation ending December 31, 1995. We will add data files for each of the 1997 calendar quarters as they become available. Data files for pre-1996 quarters are still produced on diskette and are available for purchase by contacting the OSHPD Data User's Support Group (DUSG) at (916) 322-2814.

Standard Data File Format

There are two versions of the data file which you can download from the OSHPD web-site. One is in a comma-delimited/comma-separated value (CSV) format, which can easily be imported into most spreadsheets and databases as well as other software. For users of LOTUS software, we have created a LOTUS (WK1) file. Both versions of the data file are in a compressed (PKZIP®) format. The first row will contain column titles that can be used as database names or spreadsheet titles. The titles are unique for each column and are 10 characters or less. If your database can accommodate only eight characters, you may want to obtain the hardcopy documentation, which includes suggested data titles.

If you are having or believe you will have trouble processing the CSV or WK1 file format, please contact a technical representative in DUSG at (916) 322-2814, and indicate your concerns. We attempted to produce a data product that will meet the needs of most data users, but do not want to exclude anyone from gaining access to the data.

Documentation

The OSHPD web-site version of the documentation includes the file definitions of the data elements from the Quarterly Financial and Utilization Report and a description of each data element (field). The file contains 77 data elements (not all of which may be present) on each of the approximately 600 hospitals which submitted a quarterly report to OSHPD. **This documentation applies only to the data files for the four calendar quarters ending in 1996 and the four quarter aggregation ending December 31, 1996.**

The hardcopy version of the documentation, which was created for users of the diskette product, includes three appendices which are not included here. These appendices include: 1) a copy of the Quarterly Financial and Utilization Report; 2) formulas for additional calculations using data items in the data file; and 3) a cross-reference list between counties, Health Service Areas, and Health Facility Planning Areas.

If you would like the hardcopy version of the documentation for 1996 or pre-1996 data files, please contact DUSG at (916) 322-2814.

Data File Description

Each line (row) represents one hospital. All the data elements which are reported on the Hospital Quarterly Financial and Utilization Report are provided. Several other data elements, including HSA, HFPA, and Type of Control, have been added. Other fields, including inpatient and outpatient operating expenses, were derived from the reported data.

In the record layout that follows, these data format representations are used:

CODE	Representation	Meaning
TEXT	Alphanumeric *	Alphabetic and/or numeric data, left justified, and space filled
NUMERIC	Numeric (comma-delimited)	Only numeric values, no punctuation, right justified, and left space filled (leading hyphen for negative sign)

* There are double quotes (") around text fields in the comma-delimited (CSV) format s since they may contain a comma as data.

SUMMARY OF DATA FIELDS

This section provides a summary of the items contained in the data files related to the 1996 calendar quarters and the four quarter aggregation ending December 31, 1996. This section also indicates those fields that have been deleted, or are either optional, additional, or calculated.

A zero is used to denote a data field which is empty or blank. This means that the data field was either not applicable or no relevant financial or utilization data existed.

Deleted Data Fields

These eight (8) fields will not appear in the data files covering the 1996 calendar quarters and the four quarter aggregation ending December 31, 1996. They will, however, still appear in the four quarter aggregation ending December 31, 1995. The Peer Group field was deleted because hospital Peer Group assignments were not being maintained. The other seven fields were deleted in 1992. The deleted fields are:

Former Location	Field Name
H	Peer Group
S	Discharges Other
AA	Patient Days Other
AI	Outpatient Visits Other
BI	Deductions Charity - 91-Other
BK	Deductions Gifts and Subsidies for Indigent Care
BO	Deductions Other Contractual Adjustments and Allowances
BV	Net Patient Revenue Other

Optional Data Fields

There are eight (8) optional data items on the quarterly report. Since these items are not required to be reported, hospitals may not be reporting them consistently or uniformly from quarter to quarter. The optional fields are:

Location	Field Name
T	Discharges Long-term Care
AA	Patient Days Long-term Care
AK	Physicians Professional Component Expenses
BU	Disproportionate Share Funds Transferred
BV	Purchased Inpatient Services Discharges
BW	Purchased Inpatient Services Patient Days
BX	Purchased Inpatient Services Expenses
BY	Purchased Inpatient Services Revenue

SUMMARY OF DATA FIELDS (CONTINUED)

Additional Data Fields

There are three (3) fields which are not reported on the quarterly report form, but are included on the file to assist data users. The additional fields are:

Location	Field Name
F	Health Service Area (HSA)
G	Health Facility Planning Area (HFPA)
H	Type of Control

Calculated Data Fields

There are two (2) fields which are not reported by hospitals and are calculated using reported data. The calculated fields are:

Location	Field Name
AI	Inpatient Operating Expenses
AJ	Outpatient Operating Expenses

DATA FILE SPECIFICATIONS (COMMA-DELIMITED FORMAT)

FILE NAME: Hospital Quarterly

Record Length: 1200

Record Layout

Column	Line #	Description	Position Begin	Position End	Field Size
A	2	OSHPD Facility Number	1	9	9
B	---	Year	11	14	4
C	---	Quarter	16	16	1
D	* 1	Name	19	58	40
E	* 4	City	62	81	20
F	---	HSA	85	86	2
G	---	HFPA	90	93	4
H	---	Type Of Control	97	97	1
I	* 19	Begin Date	101	106	6
J	* 20	End Date	111	116	6
K	25	Licensed Beds	119	124	6
L	30	Available Beds	126	131	6
M	35	Staffed Beds	133	138	6
N	41	Discharges Medicare	140	147	8
O	42	Discharges Medi-Cal	149	156	8
P	43	Discharges County Indigent Programs	158	167	10
Q	44	Discharges Other Third Parties	169	178	10
R	49	Discharges Other Payors	180	189	10
S	50	Discharges Total	191	198	8
T	55	Discharges Long-term Care	200	209	10
U	61	Patient Days Medicare	211	220	10
V	62	Patient Days Medi-Cal	222	231	10
W	63	Patient Days County Indigent Programs	233	242	10
X	64	Patient Days Other Third Parties	244	253	10
Y	69	Patient Days Other Payors	255	264	10
Z	70	Patient Days Total	266	275	10
AA	75	Patient Days Long-term Care	277	286	10
AB	81	Outpatient Visits Medicare	288	297	10
AC	82	Outpatient Visits Medi-Cal	209	308	10
AD	83	Outpatient Visits County Indigent Programs	310	319	10

* Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

DATA FILE SPECIFICATIONS (COMMA-DELIMITED FORMAT)

RECORD LAYOUT

Column	Line #	Description	Position Begin	Position End	Field Size
AE	84	Outpatient Visits Other Third Parties	321	330	10
AF	89	Outpatient Visits Other Payors	332	341	10
AG	90	Outpatient Visits Total	343	352	10
AH	100	Total Operating Expenses	354	364	11
AI	---	Inpatient Operating Expenses	366	376	11
AJ	---	Outpatient Operating Expenses	378	388	11
AK	110	Physician Professional Component Expenses	390	400	11
AL	121	Gross Inpatient Revenue Medicare	402	412	11
AM	122	Gross Inpatient Revenue Medi-Cal	414	424	11
AN	123	Gross Inpatient Revenue Cnty Indigent Programs	426	436	11
AO	124	Gross Inpatient Revenue Other Third Parties	438	448	11
AP	129	Gross Inpatient Revenue Other Payors	450	460	11
AQ	130	Gross Inpatient Revenue Total	462	472	11
AR	131	Gross Outpatient Revenue Medicare	474	484	11
AS	132	Gross Outpatient Revenue Medi-Cal	486	496	11
AT	133	Gross Outpatient Revenue County Indigent Programs	498	508	11
AU	134	Gross Outpatient Revenue Other Third Parties	510	520	11
AV	139	Gross Outpatient Revenue Other Payors	522	532	11
AW	140	Gross Outpatient Revenue Total	534	544	11
AX	141	Deductions Medicare	546	556	11
AY	142	Deductions Medi-Cal	558	568	11
AZ	143	Deductions Disproportionate Share Payments	570	580	11
BA	145	Deductions County Indigent Programs	582	592	11
BB	146	Deductions Other Third Parties	594	604	11
BC	147	Deductions Bad Debts	606	616	11
BD	148	Deductions Charity - Hill-Burton	618	628	11
BE	149	Deductions Charity - Other	630	640	11
BF	150	Deductions Restricted Donations and Subsidies for Indigent Care	642	652	11
BG	151	Deductions Teaching Allowances	654	664	11
BH	152	Deductions Clinical Teaching Support	666	676	11
BI	159	Deductions Other Adjustments and Allowances	678	688	11
BJ	160	Deductions Total	690	700	11
BK	161	Net Patient Revenue Medicare	702	712	11

* Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

DATA FILE SPECIFICATIONS (COMMA-DELIMITED FORMAT)

RECORD LAYOUT

Column	Line #	Description	Position Begin	Position End	Field Size
BL	162	Net Patient Revenue Medi-Cal	714	724	11
BM	163	Net Patient Revenue County Indigent Programs	726	736	11
BN	164	Net Patient Revenue Other Third Parties	738	748	11
BO	169	Net Patient Revenue Other Payors	750	760	11
BP	170	Net Patient Revenue Total	762	772	11
BQ	180	Other Operating Revenue	774	784	11
BR	185	Net Nonoperating Revenue and Expenses	786	796	11
BS	190	Capital Expenditures	798	808	11
BT	195	Fixed Assets, Net	810	820	11
BU	200	Disproportionate Share Funds Transferred	822	832	11
BV	205	Purchased Inpatient Services Discharges	834	844	11
BW	210	Purchased Inpatient Services Patient Days	846	856	11
BX	215	Purchased Inpatient Services Expenses	858	868	11
BY	220	Purchased Inpatient Services Revenue	870	880	11
		Unused Space	881	1200	320

* Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

DATA FIELD DEFINITION

LINE NO.: 2 (FAC_NO.)

FIELD NAME: OSHPD FACILITY NUMBER

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DESCRIPTION: A unique nine-digit facility identifier assigned by OSHPD and created by the former California Health Facilities Commission (CHFC). Prior to January 1987, the identifier was derived by CHFC from the state license number assigned to each facility by the California Department of Health Services (DHS). Effective January 1987, DHS began using a new license numbering scheme. OSHPD chose not to renumber its facility identifiers. All new facilities are assigned a unique number by county in the 4000 range.

VALUES	MEANING
N/A	N/A

FORMAT

Positions	Description
1-3	Fixed value of '106'
4-5	County of facility (See next page)
6-9	Unique four-digit number within the county. Prior to January 1987, determined by DHS and derived from the last four digits of the state license number assigned by DHS. Since that time, new facilities have numbers assigned by OSHPD in the 4000 range.

DATA FIELD DEFINITION

LIST OF CALIFORNIA COUNTIES

Code	Name	Code	Name
01	Alameda	30	Orange
02	Alpine	31	Placer
03	Amador	32	Plumas
04	Butte	33	Riverside
05	Calaveras	34	Sacramento
06	Colusa	35	San Benito
07	Contra Costa	36	San Bernardino
08	Del Norte	37	San Diego
09	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
25	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba

DATA FIELD DEFINITION

LINE NO.: --- (YEAR)

FIELD NAME: YEAR

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Calendar four-digit year of reporting quarter (CCYY).

VALUES	MEANING
N/A	N/A

LINE NO.: --- (QTR)

FIELD NAME: QUARTER

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Reporting quarter number (based on calendar quarter). Hospitals which use a 13-period accounting cycle have quarterly report periods that do not necessarily coincide with a calendar quarter. The quarter number reflects the reported accounting periods which most closely align with an actual calendar quarter.

VALUES	MEANING
1	January 1 - March 31
2	April 1 - June 30
3	July 1 - September 30
4	October 1 - December 31

DATA FIELD DEFINITION

LINE NO.: 1 (FAC_NAME)

FIELD NAME: NAME

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: Name under which the hospital is doing business. This name may differ from the hospital's legal name.

VALUES	MEANING
N/A	N/A

LINE NO.: 4 (CITY)

FIELD NAME: CITY

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: Name of the city in which the hospital is located.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: --- (HSA)

FIELD NAME: HSA

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: A numeric code denoting the Health Service Area (HSA) in which the hospital is located. This geographic area, consisting of one or more contiguous counties, is designated by the Department of Health and Human Services for health planning on a regional basis as required by Public Law 93-641.

VALUES	MEANING
1	Northern California HSA
2	Golden Empire HSA
3	North Bay HSA
4	West Bay HSA
5	East Bay HSA
6	North San Joaquin HSA
7	Santa Clara HSA
8	Mid-Coast HSA
9	Central HSA
10	Santa Barbara/Ventura HSA
11	Los Angeles County HSA
12	Inland Counties HSA
13	Orange County HSA
14	San Diego/Imperial HSA

DATA FIELD DEFINITION

LINE NO.: --- (HFPA)

FIELD NAME: HFPA

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: A numeric code denoting the Health Facility Planning Area (HFPA) in which the hospital is located. The HFPA is a geographic subdivision of a Health Service Area (HSA) and is defined by OSHPD. They are used for evaluating existing and required hospital facilities and services.

VALUES	MEANING

See Appendix C for a cross-reference list which is sorted in county order and displays the HFPA numbers and related names that are located in that county. Please note that some HFPAs may have boundaries which cross into more than one county.

DATA FIELD DEFINITION

LINE NO.: --- (TOC)

FIELD NAME: TYPE OF CONTROL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Denotes the ownership and/or legal organization of a hospital licensee.

VALUES	MEANING
1	Non-Profit (includes church, non-profit corporation, and non-profit other)
2	Investor owned (includes investor-individual, investor-partnership, and investor-corporation)
3	State
4	Government (includes county, city/county, and city)
5	District

LINE NO.: 19 (BG_DATE)

FIELD NAME: BEGIN DATE

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: Reporting quarter beginning date (MMDDYY) will be the date of the first day of the calendar quarter unless a hospital submitted a report for part of the period. In this case, the hospital may have submitted more than one report to cover the entire quarter. The multiple reports are combined into one hospital record in the file/spreadsheet. Hospitals which use a 13-period accounting cycle may have a report period begin date that does not coincide with the first day of a calendar quarter. For hospitals that filed no reports for this quarter, "999999" is entered for this item.

VALUES	MEANING

DATA FIELD DEFINITION

N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 20 (ED_DATE)

FIELD NAME: END DATE

DATA TYPE (NUMERIC/TEXT): TEXT

FORMAT: N/A

DEFINITION: Reporting quarter end date (MMDDYY) will be the date of the last day of the calendar quarter unless a hospital submitted a report for part of the period. See definition for Line No. 19, Begin Date. Hospitals which use a 13-period accounting cycle may have a report period end date that does not coincide with the last day of a calendar quarter. For hospitals that filed no reports for this quarter, "000000" is entered for this item.

VALUES	MEANING
N/A	N/A

LINE NO.: 25 (LIC_BEDS)

FIELD NAME: LICENSED BEDS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of licensed beds (excluding beds placed in suspense and nursery bassinets) stated on the facility license as of the last day of the reporting period. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 30 (AVL_BEDS)

FIELD NAME: AVAILABLE BEDS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Average number of beds (excluding nursery bassinets) physically existing and actually available for overnight use, regardless of staffing levels. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

VALUES	MEANING
N/A	N/A

LINE NO.: 35 (STF_BEDS)

FIELD NAME: STAFFED BEDS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Average complement of beds fully staffed during the quarter, or those beds that are set-up, staffed, and equipped, and in all respects, ready for use by patients remaining in the hospital overnight. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 41 (DIS_MCAR)

FIELD NAME: DISCHARGES MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medicare was the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Discharges related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 44, Discharges Other Third Parties.

VALUES	MEANING
N/A	N/A

LINE NO.: 42 (DIS_MCAL)

FIELD NAME: DISCHARGES MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medi-Cal was the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Discharges related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 44, Discharges Other Third Parties.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 43 (DIS_CNTY)

FIELD NAME: DISCHARGES COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which a county was responsible for rendered services. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

VALUES	MEANING
N/A	N/A

LINE NO.: 44 (DIS_THRD)

FIELD NAME: DISCHARGES OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which a third party payor other than Medicare, Medi-Cal, and a county was the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Includes patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 49 (DIS_OTH)

FIELD NAME: DISCHARGES OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

VALUES	MEANING
N/A	N/A

LINE NO.: 50 (DIS_TOT)

FIELD NAME: DISCHARGES TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 55 (DIS_LTC)

FIELD NAME: DISCHARGES LONG-TERM CARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of skilled nursing, intermediate care, sub-acute care, and other long-term patients discharged from all long-term care daily hospital cost centers during the reporting period, including deaths and transfers to another type of care within the hospital. This is not a mandatory reporting item, and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter. These discharges are also included in Line Numbers 41 through 50, as appropriate.

VALUES	MEANING
N/A	N/A

LINE NO.: 61 (DAY_MCAR)

FIELD NAME: PATIENT DAYS MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medicare was the primary payor. Patient days related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 64, Patient Days Other Third Parties.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 62 (DAY_MCAL)

FIELD NAME: PATIENT DAYS MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medi-Cal was the primary payor. Patient days related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 64, Patient Days Other Third Parties.

VALUES	MEANING
N/A	N/A

LINE NO.: 63 (DAY_CNTY)

FIELD NAME: PATIENT DAYS COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to indigent patients during the reporting period, excluding nursery days, for which a county was responsible for rendered services.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 64 (DAY_THRD)

FIELD NAME: PATIENT DAYS OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which a third party payor other than Medicare, Medi-Cal, and a county was the primary payor. Includes patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

VALUES	MEANING
N/A	N/A

LINE NO.: 69 (DAY_OTH)

FIELD NAME: PATIENT DAYS OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payor.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 70 (DAY_TOT)

FIELD NAME: PATIENT DAYS TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days. Includes long-term care (LTC) days of care provided during the reporting period.

VALUES	MEANING
N/A	N/A

LINE NO.: 75 (DAY_LTC)

FIELD NAME: PATIENT DAYS LONG-TERM CARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of skilled nursing, intermediate care, sub-acute care, and other long-term inpatient days of care provided to patients during the reporting period. This is not a mandatory reporting item, and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter. These days are also included in Line Numbers 61 through 69, as appropriate.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 81 (VIS_MCAR)

FIELD NAME: OUTPATIENT VISITS MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which Medicare was the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. Ambulatory service centers include Emergency Services (medical and psychiatric), Clinics (hospital-based and satellite), Ambulatory Surgery Centers, Outpatient Chemical Dependency Services, Observation Care, Partial Hospitalization-Psychiatric, Home Health Care Services, Hospice-Outpatient, and Adult Day Health Care. Ancillary services include Clinical Laboratory Services, Radiology-Diagnostic, Physical Therapy, etc. Outpatient visits related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 84, Outpatient Visits Other Third Parties.

VALUES	MEANING
N/A	N/A

LINE NO.: 82 (VIS_MCAL)

FIELD NAME: OUTPATIENT VISITS MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which Medi-Cal was the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare. Outpatient visits related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 84, Outpatient Visits Other Third Parties.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 83 (VIS_CNTY)

FIELD NAME: OUTPATIENT VISITS COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which a county was responsible for rendered services. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

VALUES	MEANING
N/A	N/A

LINE NO.: 84 (VIS_THRD)

FIELD NAME: OUTPATIENT VISITS OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which a third party payor other than Medicare, Medi-Cal, and a county was the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare. Includes outpatient visits for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 89 (VIS_OTH)

FIELD NAME: OUTPATIENT VISITS OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of outpatient visits during the reporting period for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

VALUES	MEANING
N/A	N/A

LINE NO.: 90 (VIS_TOT)

FIELD NAME: OUTPATIENT VISITS TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total number of outpatient visits reported during the reporting period. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 100 (TOT_EXP)

FIELD NAME: TOTAL OPERATING EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: All operating expenses incurred by the hospital during the reporting period and accrued to the end of the reporting period. This includes all expenses associated with daily hospital services, ambulatory services, ancillary services, purchased inpatient services, research, education, general services, fiscal services, administrative services, and unassigned costs. If the physician professional component is recorded as an expense, it is included in this amount.

VALUES	MEANING
N/A	N/A

LINE NO.: --- (INP_EXP)

FIELD NAME: INPATIENT OPERATING EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total operating expenses related to inpatient services before adjustments for other operating revenue and physician professional component expenses. This line is not reported by the hospital but is determined by allocating total operating expenses using the ratio of gross inpatient revenue to the total gross patient revenue.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: --- (OUT_EXP)

FIELD NAME: OUTPATIENT OPERATING EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total operating expenses related to outpatient services before adjustments for other operating revenue and physician professional component expenses. This line is not reported by the hospital but is determined by allocating total operating expenses using the ratio of gross outpatient revenue to the total gross patient revenue.

VALUES	MEANING
N/A	N/A

LINE NO.: 110 (PHY_COMP)

FIELD NAME: PHYSICIAN PROFESSIONAL COMPONENT EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Fees paid to hospital-based physicians and residents for providing patient care services. This is not a mandatory reporting item and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 121 (GRI_MCAR)

FIELD NAME: GROSS INPATIENT REVENUE MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medicare was the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Inpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 124, Gross Inpatient Revenue Other Third Parties.

VALUES	MEANING
N/A	N/A

LINE NO.: 122 (GRI_MCAL)

FIELD NAME: GROSS INPATIENT REVENUE MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medi-Cal was the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Inpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 124, Gross Inpatient Revenue Other Third Parties.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 123 (GRI_CNTY)

FIELD NAME: GROSS INPATIENT REVENUE COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to indigent inpatients for which a county was responsible for rendered services. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

VALUES	MEANING
N/A	N/A

LINE NO.: 124 (GRI_THRD)

FIELD NAME: GROSS INPATIENT REVENUE OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which a third party other than Medicare, Medi-Cal, and a county was the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Includes inpatient revenue for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 129 (GRI_OTH)

FIELD NAME: GROSS INPATIENT REVENUE OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties were **not** the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

VALUES	MEANING
N/A	N/A

LINE NO.: 130 (GRI_TOT)

FIELD NAME: GROSS INPATIENT REVENUE TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to all inpatients. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 131 (GRO_MCAR)

FIELD NAME: GROSS OUTPATIENT REVENUE MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medicare was the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Outpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 134, Gross Outpatient Revenue Other Third Parties.

VALUES	MEANING
N/A	N/A

LINE NO.: 132 (GRO_MCAL)

FIELD NAME: GROSS OUTPATIENT REVENUE MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medi-Cal was the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Outpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 134, Gross Outpatient Revenue Other Third Parties.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 133 (GRO_CNTY)

FIELD NAME: GROSS OUTPATIENT REVENUE COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to indigent outpatients for which a county was responsible for rendered services. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

VALUES	MEANING
N/A	N/A

LINE NO.: 134 (GRO_THRD)

FIELD NAME: GROSS OUTPATIENT REVENUE OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which a third party other than Medicare, Medi-Cal, and a county was the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Includes outpatient revenue for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 139 (GRO_OTH)

FIELD NAME: GROSS OUTPATIENT REVENUE OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties were **not** the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

VALUES	MEANING
N/A	N/A

LINE NO.: 140 (GRO_TOT)

FIELD NAME: GROSS OUTPATIENT REVENUE TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges, at the hospital's full established rates, for services rendered and goods sold to all outpatients. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 141 (DED_MCAR)

FIELD NAME: DEDUCTIONS MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of Medicare contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement.

VALUES	MEANING
N/A	N/A

LINE NO.: 142 (DED_MCAL)

FIELD NAME: DEDUCTIONS MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of Medi-Cal contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement. Includes supplemental Medi-Cal disproportionate share payments made to hospitals during the reporting period under SB 1255 (Chapter 996, Statutes of 1989).

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 143 (DED_DISP)

FIELD NAME: DEDUCTIONS DISPROPORTIONATE SHARE PAYMENTS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of supplemental Medi-Cal inpatient disproportionate share payments made to hospitals during the reporting period under SB 855 (Chapter 279, Statues of 1991). Since disproportionate share payments have a credit balance, the value of this line will be negative.

VALUES	MEANING
N/A	N/A

LINE NO.: 145 (DED_CNTY)

FIELD NAME: DEDUCTIONS COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of County Indigent Programs contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement. This amount includes tobacco tax funds received by county hospitals and certain non-county hospitals who are under contract to provide care to county-sponsored indigent patients.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 146 (DED_THRD)

FIELD NAME: DEDUCTIONS OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of Other Third Parties contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement.

VALUES	MEANING
N/A	N/A

LINE NO.: 147 (DED_BD)

FIELD NAME: DEDUCTIONS BAD DEBTS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of a hospital's provision for bad debts, which is a deduction from gross patient revenue. Bad debts are the amount of charges the hospital is not able to collect from patients who are able to pay for all or part of their bill, but are unwilling to pay.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 148 (DED_HB)

FIELD NAME: DEDUCTIONS CHARITY - HILL-BURTON

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of charity care provided to satisfy the hospital's obligation under the Hill-Burton program. This is a deduction from gross patient revenue.

VALUES	MEANING
N/A	N/A

LINE NO.: 149 (DED_CHAR)

FIELD NAME: DEDUCTIONS CHARITY-OTHER

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of charity care provided, other than under the Hill-Burton program, for those patients who are unable to pay for all or part of their bill or are not sponsored by any form of third party coverage. Uncollectible amounts related to patients who are unable to pay for services, but are the responsibility of a county, are reported in Line No. 145, Deductions County Indigent Programs. This is a deduction from gross patient revenue.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 150 (DED_REST)

FIELD NAME: DEDUCTIONS RESTRICTED DONATIONS AND SUBSIDIES FOR INDIGENT CARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of restricted donations and governmental subsidies for indigent care, including tobacco tax funds received by most non-county hospitals. No MISP funds are included since that payment program was canceled with the passage of AB 99 (Chapter 278, Statutes of 1991). This amount is used to offset the cost of charity care. Since restricted donations and subsidies have a credit balance, the value of this line will be negative.

VALUES	MEANING
N/A	N/A

LINE NO.: 151 (DED_TCH)

FIELD NAME: DEDUCTIONS TEACHING ALLOWANCES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of charges written-off when it is determined by the teaching hospital that the selected patient does not have the ability to pay but whose case would benefit the teaching mission of the hospital. This reporting item is used only by the University of California hospitals.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 152 (DED_CLIN)

FIELD NAME: DEDUCTIONS CLINICAL TEACHING SUPPORT

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of support provided exclusively to the University of California hospitals to offset a portion of the cost of their teaching mission. These funds are offset against the Teaching Allowances reported in Line No. 151. Since Clinical Teaching Support has a credit balance, the value of this line will be negative.

VALUES	MEANING
N/A	N/A

LINE NO.: 159 (DED_OTH)

FIELD NAME: DEDUCTIONS OTHER ADJUSTMENTS AND ALLOWANCES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of deductions from revenue which is not included elsewhere, including policy discounts and administrative adjustments.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 160 (DED_TOT)

FIELD NAME: DEDUCTIONS TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The sum of all deductions from revenue. Included in total deductions from revenue is provision for bad debts; third party contractual adjustments; charity; teaching allowances; and other adjustments, net of SB 855 Disproportionate Share Payments for Medi-Cal, Restricted Donations and Subsidies for Indigent Care, and Clinical Teaching Support.

VALUES	MEANING
N/A	N/A

LINE NO.: 161 (NET_MCAR)

FIELD NAME: NET PATIENT REVENUE MEDICARE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from the Medicare program for services provided and goods sold to Medicare patients. This amount equals Medicare gross patient revenue minus Medicare contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Medicare patients.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 162 (NET_MCAL)

FIELD NAME: NET PATIENT REVENUE MEDI-CAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from the Medi-Cal program for services provided and goods sold to Medi-Cal patients. This amount equals Medi-Cal gross patient revenue minus Medi-Cal contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Medi-Cal patients. Disproportionate share payments provided by SB 855 and SB 1255 are included in this amount.

VALUES	MEANING
N/A	N/A

LINE NO.: 163 (NET_CNTY)

FIELD NAME: NET PATIENT REVENUE COUNTY INDIGENT PROGRAMS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from counties for services provided and goods sold to County Indigent Program patients. This amount equals County Indigent Program gross patient revenue minus County Indigent Program contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to County Indigent Program patients.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 164 (NET_THRD)

FIELD NAME: NET PATIENT REVENUE OTHER THIRD PARTIES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from Other Third Party Payors for services provided and goods sold to Other Third Parties patients. This amount equals Other Third Parties gross patient revenue minus Other Third Parties contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Other Third Parties patients.

VALUES	MEANING
N/A	N/A

LINE NO.: 169 (NET_OTH)

FIELD NAME: NET PATIENT REVENUE OTHER PAYORS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount received or to be received from payors**other than** Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties for services provided and goods sold. This amount equals Other Payors gross patient revenue minus all deductions from revenue not deducted elsewhere.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 170 (NET_TOT)

FIELD NAME: NET PATIENT REVENUE TOTAL

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges at the hospital's full established rates for services rendered and goods sold to all patients minus all deductions from revenue.

VALUES	MEANING
N/A	N/A

LINE NO.: 180 (OTHOPREV)

FIELD NAME: OTHER OPERATING REVENUE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Other operating revenue includes revenue from non-patient care services to patients, and sales and activities to persons other than patients, but not from patient care services. Examples include television rental income, rebates and refunds on expenses, and non-patient food sales.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 185 (NONOPREX)

FIELD NAME: NET NONOPERATING REVENUE AND EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The difference between non-operating revenue and non-operating expenses. Non-operating revenue and expenses are revenue and expenses of the hospital not directly related to patient care, related patient services, or the sale of related goods. Examples include a gain or loss on sale of hospital property, unrestricted investment income, medical office building revenue and expenses, and government appropriations. If non-operating expenses are greater than non-operating revenue, the value will be negative.

VALUES	MEANING
N/A	N/A

LINE NO.: 190 (CAPITAL)

FIELD NAME: TOTAL CAPITAL EXPENDITURES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount expended during the reporting period for additions of property, plant, and equipment, including expenditures which have the effect of increasing the capacity, efficiency, lifespan, or economy of operation of an existing fixed asset.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 195 (ASSETS)

FIELD NAME: FIXED ASSETS NET OF ACCUMULATED DEPRECIATION

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The cost of fixed assets, including land, land improvements, buildings, building improvements, leasehold improvements, and equipment, less accumulated depreciation thereon, plus construction-in-progress, as of the end of the reporting period.

VALUES	MEANING
N/A	N/A

LINE NO.: 200 (DISP_TFR)

FIELD NAME: DISPROPORTIONATE SHARE FUNDS TRANSFERRED

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: The amount of SB 855 and/or SB 1255 Medi-Cal disproportionate share funds transferred from the hospital to a related public entity during the reporting period, or accrued for transfer in the next reporting period. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Only county, district, and University of California hospitals will report this item.

VALUES	MEANING
N/A	N/A

DATA FIELD DEFINITION

LINE NO.: 205 (PURIPDIS)

FIELD NAME: PURCHASED INPATIENT SERVICES DISCHARGES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of discharges related to inpatient care services purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient discharges are excluded from the discharges reported in Line Numbers 41 through 55.

VALUES	MEANING
N/A	N/A

LINE NO.: 210 (PURIPDAY)

FIELD NAME: PURCHASED INPATIENT SERVICES PATIENT DAYS

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Number of inpatient days of care (census days) for patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient days are excluded from the patient days reported in Line Numbers 61 through 75.

VALUES	MEANING
N/A	N/A

LINE NO.: 215 (PURIPEXP)

FIELD NAME: PURCHASED INPATIENT SERVICES EXPENSES

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Expenses associated with patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient services expenses are included in Line No. 100, Total Operating Expenses.

VALUES	MEANING
N/A	N/A

LINE NO.: 220 (PURIPREV)

FIELD NAME: PURCHASED INPATIENT SERVICES REVENUE

DATA TYPE (NUMERIC/TEXT): NUMERIC

FORMAT: GENERAL

DEFINITION: Total charges recorded by the hospital for patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient services revenue is included in the gross inpatient revenue amounts reported in Line Numbers 121 through 130.

VALUES	MEANING
N/A	N/A